

STATE OF TEXAS
CERTIFICATE OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF HEALTH

REC'D MAY 13 1974

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

IRTH NO.

142-74-057455

STATE OF TEXAS		CERTIFICATE OF BIRTH		IRTH NO.		142-74-057455	
1. PLACE OF BIRTH a. COUNTY Starr		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Texas b. COUNTY Starr		3. CITY OR TOWN (If outside city limits, give precinct no.) Roma,		4. STREET ADDRESS (If rural, give location) Rio Grande City, Texas	
5. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Manuel Ramirez Memorial Hosp.		6. STREET ADDRESS (If rural, give location) Starr Rt. Box 57D		7. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		8. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
9. NAME (Last, first, middle) Marlene Alvarez		10. DATE OF BIRTH 74		11. SEX female		12. IF TWIN OR TRIPLET, WERE CHILD BORN 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	
13. NAME (Last, first, middle) Reynaldo Alvarez		14. COLOR OR RACE white		15. USUAL OCCUPATION Truck Driver		16. END OF BUSINESS OR INDUSTRY	
17. AGE (At time of this birth) 33 YEARS		18. BIRTHPLACE (State or foreign country) Texas		19. COLOR OR RACE white		20. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do not include this child) a. How many OTHER children are now living? 4 b. How many OTHER children were born alive but are now dead? 0 c. How many children were born dead (Total deaths after 28 weeks pregnancy)? 1	
21. NAME (Last, first, middle) Elodia Saldivar		22. AGE (At time of this birth) 33 YEARS		23. BIRTHPLACE (State or foreign country) Mexico		24. ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> N.D. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER <input type="checkbox"/>	
25. I hereby certify that the child was born alive on the date stated above.		26. ATTENDANT'S SIGNATURE <i>[Signature]</i> Box 188, Roma, Texas		27. DATE SIGNED 4-29-74		28. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
29. REGISTRAR'S FILE NO. 664		30. DATE REC'D BY LOCAL REGISTRAR May 7, 1974		31. REGISTRAR'S SIGNATURE <i>[Signature]</i>		32. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

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**GOVERNMENT
EXHIBIT
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This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED MAY 12 2011

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

[Signature]
 GERALDINE R. HARRIS
 STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE